Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED		
		B. WING		R			
		HAL034009	B. WING		03/2	9/2016	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SHULER HEALTH CARE/CRANE VILLA 250 PITT STREET KERNERSVILLE, NC 27284							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
{C 000}	0) Initial Comments						
	done by Bob Getch	siennial Construction Survey ell on March 29, 2016.					
		y revealed that all deficiencies ected, therefore a new plan of ed.					
{C 111}	Must Have Current	San. & Fire Safety Reports	{C 111}				
	fire and building saf	02 DESIGN AND					
	This Rule is not me 1. Based on observ not available at the	vation, current reports were					
		on March 29, 2016 include: ion report for the building was time of the survey.					
{C 164}	Housekeeping and	Furnishings-Clean, Repaired	{C 164}				
	FURNISHINGS (a) Adult care home (1) have walls, ceili coverings kept clea (2) have no chronic (3) have furniture of	es shall: ings, and floors or floor n and in good repair;					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01			(X3) DATE SURVEY COMPLETED		
HAL034009		B. WING			R 03/29/2016			
NAME OF I		11/2004000	STREET AD	<u> </u>	STATE ZID CODE	03/	29/2010	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 PITT STREET								
SHULER HEALTH CARE/CRANE VILLA KERNERSVILLE, NC 27284								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED B' SC IDENTIFYING INFORM	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
{C 164}	Continued From page 1			{C 164}				
	This Rule is not med 1. Based on observations components were repaired condition.	vation, some buildin						
	Followup Findings of a) Throughout the vents and their asso covered with dust a with the damper accemergency.	building the HVAC r ociated radiation da nd dirt which could	eturn mpers are interfere					
{C 189}	Building Equipment	Maintained Safe, C	perating	{C 189}				
	SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (a) The building an mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex which shall not app	11 OTHER d all fire safety, electronic displayment in the maintained in a safe apply to new and exception of Paragrap	n an adult e and kisting oh (e)					
	This Rule is not me 1. Based on observe maintained in a safe the fire-resistance of This would affect all smoke and fire in the compartment of original stress.	vation, the building value manner by not ma ating of building cor I residents by not co ne room or smoke	intaining nponents.					
	Followup Findings (c) Laundry has a consealed with orange	onduit ceiling penet	ration					
1	2. Based on observ	vation, the facility co	mponents					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION b: 01	(X3) DATE COMF	SURVEY PLETED		
		HAL034009	B. WING			२ 29/2016		
NAME OF PROVIDER OR SUPPLIER SHULER HEALTH CARE/CRANE VILLA 250 PITT STREET KERNERSVILLE, NC 27284								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
{C 189}	were not maintaine that did not close co	ge 2 d operable by having door ompletely and latch. on March 29, 2016 include asp lock on the closet						

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